

## Application for Federal Assistance SF-424

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

TEXAS

8. APPLICANT INFORMATION:

\* a. Legal Name: Collin, County of

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

756000873

\* c. UEI:

S1ETLA9BNCC5

d. Address:

\* Street1: 2300 Bloomdale Rd. Suite 3100

Street2:

\* City: McKinney

County/Parish:

Texas

\* State: TX: Texas

Province:

\* Country: USA: UNITED STATES

\* Zip / Postal Code: 75071-8517

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: \* First Name: Collin

Middle Name: County

\* Last Name: Of

Suffix:

Title:

Organizational Affiliation:

Collin, County Of

\* Telephone Number: 972-548-4638

Fax Number:

\* Email: jcaponera@co.collin.tx.us

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Bureau of Justice Assistance

### 11. Catalog of Federal Domestic Assistance Number:

16.606

CFDA Title:

State Criminal Alien Assistance Program

### \* 12. Funding Opportunity Number:

O-BJA-2023-171698

\* Title:

BJA FY 23 State Criminal Alien Assistance Program

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

SCAAP funding for jail operations

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

3

\* b. Program/Project

SCAAP

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

07/01/2021

\* b. End Date:

06/30/2022

**18. Estimated Funding (\$):**

\* a. Federal

500,000.00

\* b. Applicant

500,000.00

\* c. State

0.00

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

1,000,000.00

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\* First Name:

Chris

Middle Name:

\* Last Name:

Hill

Suffix:

\* Title:

County Judge

\* Telephone Number:

972-548-4632

Fax Number:

\* Email:

chill@co.collin.tx.us

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.